

District of Columbia Managed Care Program Features, as of 2021

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	Non-Emergency Medical Transportation
Program type	Comprehensive MCO	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a),1945 Health Homes	1915(a)	1902(a)(70) NEMT
Program start date	04/01/1994	01/01/1996	10/01/2007
Waiver expiration date (if applicable)			
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Voluntary	Exempt

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Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory
Populations enrolled: Enrollment choice period	30 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period		Enrollment is voluntary, else beneficiary stays in fee-for-service.	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	

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Benefits covered: SSA Section 1945-authorized Health Home	X		
Benefits covered: Home health services (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers	Freestanding birth centers	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No

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Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant	Qlarant	
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	AmeriHealth Caritas District of Columbia; CareFirst Community Health Plan District of Columbia; MedStar Family Choice-DC	Health Services for Children with Special Needs	Medical Transportation Management, Inc.

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Notes: Program notes	<p>Full duals are eligible for enrollment if there is a Medicaid-enrolled dependent child in the household. Nursing facilities are covered by MCO for the first 30 consecutive days. The managed care P4P program is funded through a pre-determined withhold (generally the established profit margin for each MCO that is factored into the base per member per month payment rate) of each MCO's actuarially sound capitation payments during the applicable period of performance. MCOs must meet the minimum threshold for improvement for all three performance measures in order to earn any portion of the withhold. The P4P program is suspended due to managed care solicitations that have limited successive contract periods and MCOs for effective administration. DHCF plans to reinstitute quality incentive requirements in future years and continues to monitor MCOs' performance, absent any monetary withholds. Effective October 1, 2020 (FY 2021), the District requires managed care enrollment of aged, blind, and disabled adults (age 21+) who are not dually eligible for Medicare. As a result, comprehensive managed care enrollment increased as of this date.</p>	<p>Aged, Blind, or Disabled children and adults are eligible up to the age of 26. CASSIP enrollees receive medically necessary services for physical health, behavioral health, nursing home care, intermediate care facilities for individuals with intellectual disabilities, and residential treatment services.</p>	<p>The DC Department of Health Care Finance pays for non-emergency medical transportation only for its fee-for-service members. For managed care members, non-emergency medical transportation is paid by the District's Medicaid managed care organizations for low-income adults and children. Effective October 1, 2020 (FY 2021), the District requires managed care enrollment of aged, blind, and disabled adults (age 21+) who are not dually eligible for Medicare. As a result, NEMT enrollment (which is limited to fee-for-service beneficiaries) decreased.</p>